

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
Substitute for Form PTO-1360
(For use with Form PTO/SB/06)

Application Number
10/759860Filing Date
11/16/04

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1	1						51	1				
2	1						52	1				
3	1						53	1				
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46	1						96					
47	1						97					
48	1						98					
49	1						99					
50	1						100					
Total Indep	3						Total Indep					
Total Depend	53						Total Depend					
Total Claims	56						Total Claims					

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